



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL
SERVICES

ANGUS S. KING, JR.
GOVERNOR

ANTHONY J. NEVES
STATE TAX ASSESSOR

APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
() INCORPORATED NONPROFIT MEMORIAL FOUNDATIONS OR
() AN INCORPORATED NONPROFIT HISTORICAL SOCIETY OR
() AN INCORPORATED NONPROFIT MUSEUM

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads, "Historical societies, museums and certain memorial foundations. Sales to incorporated nonprofit memorial foundations that primarily provide cultural programs free to the public, historical societies and museums. [2001, c. 439, Pt. PPP, §1 (amd); §2 (aft).]"

Is the organization incorporated? Yes ___ No ___

Send a copy of the articles of incorporation

Has the organization received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit memorial foundation, historical society or museum. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (42).

Date: _____

Signature: _____

Tel: _____

Title: _____

Fed ID: _____

Date Facility Opened: _____

ST-R-18